

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

04-11-2001 90068 003 ***150.00

DOCUMENT # P00000054367

1. Entity Name

MONTERREY HOME BUILDING, INC

Principal Place of Business

Mailing Address

4330 N.W. 4TH AVE
POMPANO BEACH FL 330644330 N.W. 4TH AVE
POMPANO BEACH FL 33064

2. Principal Place of Business

11421 N.W. 31st PLACE

Suite, Apt. #, etc.

Sunrise FL

City & State

33323

Zip

Country

U.S.A.

3. Mailing Address

11421 N.W. 31st PLACE

Suite, Apt. #, etc.

Sunrise, FL

City & State

33323

Zip

Country

U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1013627☒ Applied For☐ Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CEPEDA, ARMANDO
4330 N.W. 4TH AVE
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name **Cepeda, Armando**

Street Address (P.O. Box Number is Not Acceptable)

11421 N.W. 31st PLACECity **Sunrise, FL**

FL

Zip Code

33323

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CEPEDA, ARMANDO	
STREET ADDRESS	4330 N.W. 4TH AVE	
CITY-ST-ZIP	POMPANO BEACH FL 33064	

TITLE	V	<input type="checkbox"/> Delete
NAME	GUEVARA, JOSE W	
STREET ADDRESS	4330 N.W. 4TH AVE	
CITY-ST-ZIP	POMPANO BEACH FL 33064	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cepeda, Armando	
STREET ADDRESS	11421 N.W. 31st	
CITY-ST-ZIP	Sunrise, FL 33323	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)